## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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## VIA ELECTRONIC FILING Inly 25, 2007

|  |  |  | July 25, 2007   |   |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
|--|--|--|---|---|--|---|---|--------------------|--------------------------|---------------------------|-------------------------|-----------------------|----------|-----------------------|---------------------------|
|  |  |  |   |   |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
| APPLICATION NO.  | APPLICATION NO. FILING DATE  |  | FIRST NAMED INVENTOR  |   | ATTORNEY DOCKET NO.                                  |   | CONFIRMATION NO.  |                    |                          |                           |                         |                       |          |                       |                           |
| 10/005,402 12/05/2001  |  |  | Alan G. Wood  |   | 2825.10US (90-0051.12)                               |   | 1641  |                    |                          |                           |                         |                       |          |                       |                           |
| TITLE OF INVENTION   | : UNIVERSAL WAFEI  | R LEVEL DIE BURN-IN  |   |   | ,  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
|  |  |  |   |   |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
| APPLN, TYPE  | SMALL ENTITY   | ISSUE FEE DUE  | PUBLICATION FEE DUE   | PREV. PAID ISSUE  | FEE  | TOTAL FEE(S) DUE  | DATE DUE  |                    |                          |                           |                         |                       |          |                       |                           |
| nonprovisional   | NO   | \$1400   | \$0   | \$1300  | \$100 07/30/2007                                     |   | 07/30/2007  |                    |                          |                           |                         |                       |          |                       |                           |
| EXAM   | INER   | ART UNIT   | CLASS-SUBCLASS  |   |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
| KARLSEN,   | ERNEST F   | 324-755000   |   |   |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |  |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
|  |  |  |   |   |  |   |   | 3. ASSIGNEE NAME A | ND RESIDENCE DATA        | A TO BE PRINTED ON        | THE PATENT (print or t  | /pe)                  |          |                       |                           |
|  |  |  |   |   |  |   |   | PLEASE NOTE: Uni   | ess an assignee is ident | ified below, no assignee  | data will appear on the | patent. If an assigne | e is ide | ntified below, the do | cument has been filed for |
|  |  |  |   |   |  |   |   | (A) NAME OF ASSI   |                          | oction of this form is NO | (B) RESIDENCE: (CIT     |                       |          |                       |                           |
| • •  |  |  | (2) 123121. (011  | T and OTHER OR CO   | JUNIA  | ,   |   |                    |                          |                           |                         |                       |          |                       |                           |
| MICRON TE  | ECHNOLOGY, IN  | J.   | Boise, I  | daho  |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
| Please check the appropri  | iate assignee category or  | categories (will not be pr   | rinted on the patent):  | Individual 🖾 Cor  | rporatio   | n or other private gro  | up entity Government  |                    |                          |                           |                         |                       |          |                       |                           |
| 4a. The following fee(s)   | ire submitted:   | 41   | o. Payment of Fee(s): (Ple  | ase first reapply any   | v previo   | ousiv paid issue fee s  | hown above)   |                    |                          |                           |                         |                       |          |                       |                           |
| Issue Fee  |  |  | A check is enclosed.  |   |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
|  | o small entity discount  | Payment by credit card. Form PTO-2038 is attached.   |   |   |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
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| 5. Change in Entity Stat   | •  | ,  |   |   |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
|  | SMALL ENTITY state   | b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  d from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in Coffice. |   |   |  |   |   |                    |                          |                           |                         |                       |          |                       |                           |
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| Authorized Signature   | Sames 1  | 2. Duga-   |   | Date Jul  | ly 25  | , 2007  |   |                    |                          |                           |                         |                       |          |                       |                           |
|  | James R.   |  |   |   | 28,393   |   |   |                    |                          |                           |                         |                       |          |                       |                           |
| This collection of informa<br>in application. Confident<br>submitting the completed<br>his form and/or suggestion<br>Box 1450, Alexandria, Vi  | ation is required by 37 C<br>iality is governed by 35<br>application form to the<br>ons for reducing this bur<br>regima 22313-1450. DO | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (  | on is required to obtain or 1.14. This collection is es depending upon the indiction Office COMPLETED FORMS T   | retain a benefit by the<br>timated to take 12 m<br>vidual case. Any con<br>er, U.S. Patent and T<br>O THIS ADDRESS. | e public<br>inutes to<br>nments o<br>rademar<br>SEND | which is to file (and complete, including on the amount of tim rk Office, U.S. DepartO: Commissioner fo | by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450, |                    |                          |                           |                         |                       |          |                       |                           |

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